

SUMMARY FORM

COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR/NON-POLICE & NON-FIRE

Section I: Agreement Details

Public Employer: County of Bergen County: Bergen
Employee Organization: UPSEU Pros White Collar IT Employees in Unit: 17
Base Year Contract Term: 01/01/06-12/31/10 New Contract Term: 01/01/11-12/31/14

Type of Settlement: Mediated Settlement Fact-Finder Recommendation ☒ Voluntary Settlement Super Conciliation

		Column A	Column B
		Base Year-Total Costs	New Base Year-Total Costs
		(Last Year of Previous agreement)	(First Year of Successor agreement)
Section II: Economic			
Item 1.....	Salary	\$1,379,489	\$1,430,720
Item 2.....	Increment		
Item 3.....	Longevity	\$17,500	\$17,500
Item 4.....			
Item 5.....			
Item 6.....			
Item 7.....			
Item 8.....			
Item 9.....			
Item 10.....			
Item 11.....			
Item 12.....			
Additional items			

Any additional items list on separate sheet

Section III: Totals -	\$1,396,989	\$1,448,220
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Sum of costs in each column

Section IV: Analysis of new successor agreement**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement)	\$1,396,989			
Effective Date (m/d/yyyy)	01/01/11	01/01/12	01/01/13	01/01/14
Percent Increase	3.710%	2.170%	2.130%	2.110%
Total cost of increase.....	\$51,231	\$31,150	\$31,270	\$31,600
Total base salary (successor agreement)	\$1,448,220	\$1,479,370	\$1,510,640	\$1,542,240

Section V: Impact of Settlement - average annual increase over term of agreement

Percentage Impact (average per year over term of agreement)	2.530%
Dollar impact (average per year over term of agreement)	\$36,312.75

Section VI: Health Insurance (include costs associated on each line)

	Base Year	Year 1		
Cost of Health Plan	\$0	\$250,205		
Employee Contributions	\$0	\$78,542		
Prescription	\$0	\$110,749		
Dental	\$0	\$11,792		
Vision	\$0	\$2,550		

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.

Section VII

Prepared by: _____ Title: _____
Print Name
Signature : _____ Date : _____